## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

## **DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO. 11912/1B

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my names.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A METHOD AND SYSTEM FOR UNIVERSAL AND TRANSPARENT ACCESS TO HETEROGENEOUS RESOURCES, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

## PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application No.: 60/212,628

Filing Date: June 19, 2000

POWER OF ATTORNEY: As the named inventor, I hereby appoint the following attorneys:

Aziz M. Ahsan (Reg. No. 32,100) and Linda Shudy (Reg. No. 47,084).

Express Mail No.: EL244505303US

The same with the last that the same

## SEND CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:

Linda M. Shudy KENYON & KENYON One Broadway New York, New York 10004 (212) 425-7200 (telephone) (212) 425-5288 (facsimile) CUSTOMER NO. 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	Kolsky	Amir		D.
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	Binyamina	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	42 Hayayin Street	Binyamina		Israel 30500
Signature			Date	

Express Mail No.: EL244505303US